Case 22-11148-amc Doc 31 Filed 11/01/22 Entered 11/01/22 18:34:18 Desc Main Document Page 1 of 4 Document Page 1 of 4

	in this information to											
De	btor 1	Diane T Blai	r									
	btor 2 ouse, if filing)					_						
Uni	ited States Bankrup	tcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	4							
Ca	se number 22-	11148					Ch	eck if this is	:			
(If kı	nown)							An amende	ed filing			
										g postpetition ollowing date:		
<u>O</u>	fficial Form	<u> 1061</u>						MM / DD/ Y	YYYY			
S	chedule I: `	Your Inc	ome								12/15	
spo atta	ouse. If you are sep ich a separate shee	arated and you	are married and not filing work filing won the top of any additi	ith you, do not inclu	de infor	matio	n abo	ut your sp	ouse. If mo	ore space is	needed,	
1.	Fill in your emploinformation.	oyment		Debtor 1				Debtor 2	2 or non-fi	ling spouse		
	If you have more		Employment status	■ Employed	■ Employed			☐ Empl	☐ Employed			
	attach a separate prinformation about a employers.		Employment status	☐ Not employed			☐ Not employed					
			Occupation	Dental Administrator								
	Include part-time, self-employed wo		Employer's name	Exton Dental								
	Occupation may in or homemaker, if		Employer's address									
			How long employed t	here? 3 years	S							
Pai	rt 2: Give Det	tails About Mor	nthly Income									
	imate monthly inco		ate you file this form. If	you have nothing to r	eport for	any li	ne, wi	ite \$0 in the	space. Inc	clude your noi	n-filing	
	ou or your non-filing e space, attach a se		ore than one employer, co	ombine the informatio	n for all e	emplo	yers f	or that perso	on on the li	nes below. If y	you need	
							For D	ebtor 1		btor 2 or ng spouse		
2.			ry, and commissions (b calculate what the monthl		2.	\$_		719.00	\$	N/A		
3.	Estimate and list	t monthly overt	ime pay.		3.	+\$_		0.00	+\$	N/A		
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$		719.00	\$	N/A		

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Deb	otor 1	Diane T Blair	_		Case r	number (<i>if ki</i>	nown)	22-1	1148			
					_			_	5.1.	•		
					For	Debtor 1			Debtor	2 or spouse		
	Cor	y line 4 here	4.		\$	719	9.00		i-iiiiig s	N/A	_	
5.		all payroll deductions:			· —			- · <u>-</u>			_	
J.	5a.	Tax, Medicare, and Social Security deductions	5a		\$	04	0.00	¢		N/A		
	5a. 5b.	Mandatory contributions for retirement plans	5b		\$ 		0.00	—		N/A	_	
	5c.	Voluntary contributions for retirement plans	50		<u>\$</u> —		0.00	- :-		N/A	_	
	5d.	Required repayments of retirement fund loans	50		\$		0.00	- ' —		N/A	_	
	5e.	Insurance	5e		\$		0.00	- : —		N/A		
	5f.	Domestic support obligations	5f.		\$		0.00	—		N/A	_	
	5g.	Union dues	50	g.	\$	(0.00	\$		N/A		
	5h.	Other deductions. Specify:	5h	1.+	\$		0.00	+ \$		N/A		
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	90	0.00	\$_		N/A	<u>.</u>	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	629	9.00	\$_		N/A	<u> </u>	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	a.	\$		0.00	\$		N/A		
	8b.	Interest and dividends	8b		\$		0.00			N/A	_	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80		\$		0.00			N/A	_	
	8d.	Unemployment compensation	80		\$		0.00	- : —		N/A	_	
	8e.	Social Security	86		\$-	2,38				N/A	_	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Minor Son's disability	e 8f		\$	1,270		_		N/A	_	
	8g.	Pension or retirement income	_ 8g		\$		0.00	- ' —		N/A	_	
	8h.	Other monthly income. Specify:		۶. ۱.+	\$			- + \$-		N/A	_	
•		Lather the action and a Add the action of the Country of the Count	_	Г				1 -			_	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	4,259	9.00	\$_		N/	A	
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	Δ	,888.00	+ 5		N/A	= \$	4,888.0	0.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ť-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			14/73		4,000.0	Ť
11.	State Inches other Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe					•	Schedule 11.		0.0	0
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies							12.	\$	4,888.0	0
13.		you expect an increase or decrease within the year after you file this form	?							Combi	ned ly income	!
		No.										_

Official Form 106I Schedule I: Your Income page 2 Cas 22 6:32PM

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Fill	in this informat	tion to identify yo	ur case:								
	tor 1	Diane T Blair					Cł		t if this is:		
	tor 2 buse, if filing)						-	A	\ supplement show	ving postpetition chap the following date:	oter
		uptcy Court for the:	EASTE	RN DISTRICT OF	PENNSY	LVANIA		_	MM / DD / YYYY		
	e number 22 nown)	-11148									
Of	fficial Fo	rm 106J									
Sc	chedule	J: Your E	Expen	ses							12/15
Be a	as complete a ormation. If mo nber (if know	and accurate as ore space is nee n). Answer ever	possible. eded, atta y question	If two married pe ch another sheet						or supplying correct your name and case	
Par 1.	Is this a join	ibe Your Housel it case?	nold								
	■ No. Go to □ Yes. Does	line 2. s Debtor 2 live in				2					
	Ll Y€	es. Debtor 2 mus	t file Offici	al Form 106J-2, <i>Ex</i>	xpenses to	or Separate House	ehold of D	ebto	or 2.		
2.	Do you have	e dependents?	□ No								
	Do not list De Debtor 2.	ebtor 1 and	■ Yes.	Fill out this informati each dependent		Dependent's relati Debtor 1 or Debtor			Dependent's age	Does dependent live with you?	
	Do not state dependents r					Son			16	□ No ■ Yes	
						-				□ No	
										☐ Yes	
										□ No	
										Yes	
										□ No	
3.	expenses of	enses include people other the your depender	nan 🗖	No Yes						☐ Yes	
Par	t 2: Estima	ate Your Ongoir	ng Monthl	y Expenses							
exp										pter 13 case to repo f the form and fill in	
the	value of such	n assistance and		government assis luded it on <i>Sched</i>					Vour eyne	oneoe	
(Off	ficial Form 10	ы.)							Your expe	5113 5 3	
4.		r home ownersh d any rent for the		ses for your resid	lence. Inc	clude first mortgage		\$		1,080.37	
	If not include	ed in line 4:									
	4a. Real e	state taxes					4a.	\$		0.00	
		rty, homeowner's	, or renter	s insurance			4a. 4b.			0.00	
	•	maintenance, rep					4c.	- 1		200.00	
_		owner's associati					4d.			212.00	
5.	Additional m	nortgage payme	nts for yo	ur residence , suc	h as hom	e equity loans	5.	\$		0.00	

Deb	tor 1	Diane T	Blair	Case n	ımber (if known)	22-11148
6.	Utilit	ies:				
	6a.	Electricity,	heat, natural gas	6	a. \$	250.00
	6b.	Water, sev	ver, garbage collection	6	o. \$	120.00
	6c.	Telephone	e, cell phone, Internet, satellite, and cable servic	es 6	c. \$	180.00
	6d.	Other. Spe	ecify:	6	d. \$	0.00
7.	Food	and house	ekeeping supplies		7. \$	700.00
8.	Child	dcare and c	hildren's education costs		B. \$	0.00
9.	Cloth	hing, laund	ry, and dry cleaning		9. \$	100.00
10.	Pers	onal care p	roducts and services	1	o. \$	50.00
11.	Medi	ical and de	ntal expenses	1	1. \$	50.00
			Include gas, maintenance, bus or train fare.		· 	
			ar payments.	1	2. \$	350.00
13.	Ente	rtainment,	clubs, recreation, newspapers, magazines, a	nd books 1	3. \$	50.00
14.	Char	itable cont	ributions and religious donations	1	4. \$	0.00
15.	Insu	rance.				
	Do no	ot include in	surance deducted from your pay or included in	lines 4 or 20.		
		Life insura			a. \$	0.00
		Health ins		15	o. \$	0.00
	15c.	Vehicle ins	surance	15	c. \$	109.00
	15d.	Other insu	rance. Specify:	15	d. \$	0.00
16.			clude taxes deducted from your pay or included	in lines 4 or 20.		
	Spec			1	6. \$	0.00
17.			ease payments:		_	
			ents for Vehicle 1		a. \$	0.00
			ents for Vehicle 2		o. \$	0.00
		Other. Spe	•		c. \$	0.00
		Other. Spe	•		d. \$	0.00
18.			of alimony, maintenance, and support that y		8. \$	0.00
40			your pay on line 5, Schedule I, Your Income (· -	
19.			s you make to support others who do not live	•	\$	0.00
20	Spec	,	erty expenses not included in lines 4 or 5 of		9. V our Incomo	
20.			on other property		a. \$	0.00
		Real estat			o. \$	0.00
			nomeowner's, or renter's insurance		c. \$	0.00
					d. \$	-
			ce, repair, and upkeep expenses er's association or condominium dues		и. ф e. \$	0.00
04			er's association of condominium dues		· <u> </u>	0.00
21.	Otne	r: Specify:		2	1. +\$	0.00
22.	Calc	ulate your	monthly expenses			
	22a.	Add lines 4	through 21.		\$	3,451.37
	22b.	Copy line 2:	2 (monthly expenses for Debtor 2), if any, from 0	Official Form 106J-2	\$,
			a and 22b. The result is your monthly expenses		\$	3,451.37
	220.	7 taa 11110 22t	a und 225. The result is your monthly expenses	•	Ψ ———	3,431.37
23.			monthly net income.			
	23a.	Copy line	12 (your combined monthly income) from Sched		a. \$	4,888.00
	23b.	Copy your	monthly expenses from line 22c above.	23	o\$	3,451.37
	23c.		our monthly expenses from your monthly incom	e.		1,436.63
		The result	is your monthly net income.	23	c. \$	1,430.03
24	Do	OII OVDOOL 1	un increase or decrease in your expenses	thin the year after you file th	vic form?	
∠4.			an increase or decrease in your expenses win u expect to finish paying for your car loan within the year.			ease or decrease because of a
			terms of your mortgage?	a. s. as you expost your mortgag	- paymont to mon	sass of accidate because of a
	■ No					
			Evolain here:			
	□ Ye	es.	Explain here:			